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		(Column	1)	(Colu	mn 2)	TYPE			OR	SMALL	ENTITY
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DR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	basic fee	710.0
TAL CHARGEABLE CLAIMS		/ minus 20=		·d		X\$ 9=			OR	X\$18=	
DEPENDENT CLAIMS		3 - minus 3 =		0		X40=			OR	X80=	
ILTIPLE DEPE	NDENT CLAIM P	RESENT				+13	 5=		OR	+270=	
the differenc	e in column 1 is	less than zo	ess than zero, enter "0" in colum			TOTAL		OR	TOTAL	710	
	CLAIMS AS A	AMENDE) - PAR	TII			• ••	L	,	OTHER	
	(Column 1)		(Colu	nn 2)	(Column 3)	SM	LL	ENTITY	OR	SMALL	
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						TO	TAL	1		TOTAL	
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	(Column 1)		(Colu		(Column 3)]OR		<u> </u>
	CLAIMS REMAINING AFTER		HIGH NUM PREVIO	IESY IBER DUSLY	(Column 3) PRESENT EXTRA		FEE	ADDI- TIONAL	OR		ADD TION
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Application or Docket Number